

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF <b>CASSIUS M. CLAY SR.,</b>	COURT CASE NUMBER <b>05-125E</b>
DEFENDANT <b>TRACEY REEVES, et al.,</b>	TYPE OF PROCESS <b>Civil Action 1983</b>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**SHARON M. BURKE GRIEVANCE COORDINATOR**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**2520 LISBURN Rd., P.O. BOX 598, Camp Hill PA 17001-0598**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	FEB 10 01 08:22
<input checked="" type="checkbox"/> <b>CASSIUS M. CLAY SR.,</b>	Number of parties to be served in this case	
<input type="checkbox"/> <b>INMATE #DQ5954</b>	Check for service on U.S.A.	
<input type="checkbox"/> <b>P.O. BOX 945</b>		
<input type="checkbox"/> <b>Marienville, PA 16239</b>		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

**CAN REACH BETWEEN 8:00a.m. - 2:30p.m.**  
**WORKS FOR THE DEPARTMENT OF CORRECTIONS**  
**IN Camp Hill PA.**

Signature of Attorney other Originator requesting service on behalf of: <b>Cassius M. Clay Sr.</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>(814) 621-2110</b>	DATE <b>1/9/06</b>
---	---	---	-----------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <b>Stacy Jarvis Clinical Supervisor</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete) only different than shown above	Date <b>1/27/06</b> Time <b>1:30</b> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <b>Wayne E. [Signature]</b>

Service Fee <b>\$45.00</b>	Total Mileage Charges including endeavors <b>\$12.44</b>	Forwarding Fee <b>\$8.00</b>	Total Charges <b>\$58.34</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$151.34</b>
-------------------------------	---	---------------------------------	---------------------------------	------------------	--

REMARKS: **TO SERTITION 1-12-06**  
**1 - DUSM: 1:00 pm - 2:00 pm**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00


**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

Cassius M. Clay Sr.                     )  
  vs.                     Civil Action: 05-0125 Erie  
Sharon M. Burkes                     )

**NOTICE OF INABILITY OF EFFECTUATE SERVICE**

*The Under signed Hereby certified that on 09/21/05, the Order and Complaint in the above captioned case, and the Notice of Lawsuit and Request for Waiver of Service of Summons and Waiver of Service of Summons were mailed to the above named defendant. No acknowledgment of service has been received, and more than 30 days has elapsed.*

Thomas M. Fitzgerald  
United States Marshal  
Western District of Pennsylvania

  
By: Sheila Blessing  
Administrative Clerk  
United States Marshals Service  
Western District of Pennsylvania  
December 7, 2005

**ORDER**

*AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the foregoing Notice of Inability to Effectuate Service,*

*IT IS ORDERED that the Clerk of Court prepare duplicate Summons and Complaint,*

*AND IT IS FURTHER ORDERED that the United States Marshal make personal service of those documents upon the above named defendant.*

s/Susan Paradise  
Baxter

Digitally signed by s/Susan Paradise Baxter  
DN: CN = s/Susan Paradise Baxter, C =  
US  
Date: 2005.12.08 14:58:20 -05'00'